



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | |
|---|-------|--|--------------------|
| 1. Entity ID No. 000164338 | | 2. Exact name of the limited liability company 1894 Smith Street Associates, LLC. | |
| 3. State of Formation RI | | 4. Brief description of the character of business conducted in Rhode Island real estate management | |
| 5. Principal office address 1612 Smith Street | | City North Providence | State RI |
| | | Zip 02911 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Anthony Gianfrancesco | | Contact Title manager | |
| Street Address 1612 Smith Street | | City North Providence | State RI |
| | | Zip 02911 | |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| City | State | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| City | State | Zip | |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | |

FILED

DEC 31 2012

By *[Signature]*
 CH # 2632

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] **12/14/2012**
 Signature of Authorized Person Date

Anthony Gianfrancesco
 Print or Type Name of Authorized Person